How & Why the Issues Were Selected?

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Why?

Bullying & Child Abuse & Neglect (CAN)

- selected as State MCH priority health issues by the Family Health Services Division

- Part of the Division's needs assessment

Maternal Child Health

- MCH is a focus area in public health

- All states have an MCH program

- Receive federal funding thru MCH Block Grant ("Title V")

- Family Health Services Division is the State MCH agency

Family Health Program Examples

- WIC
- Children with Special Needs
- Early Intervention Services
- Healthy Start (home visiting for at-risk families)
- Family Planning program
- Newborn metabolic/hearing screening programs
- Sexual violence prevention
- Primary Care funding to community health centers

What is the Population Served by Family Health?

Pregnant Women
Women
Infants
Children
Adolescents
Children with Special Health Care Needs
Families
Fathers

Identify Priorities

- Cannot work on all health issues for the population

- Limited resources

- Identify priority MCH issues

- Work in partnership

Assess the Needs of the Population We Serve

Needs Assessment

- Conducted every 5 years
  - Next Assessment due July 2010
- Mandated for the federal MCH Grant ("Title V")

Needs Assessment Definition

The systematic collection & examination of information to make decisions leading to public health action

Goals of Needs Assessment

- Identify State Priority Health Issues for the MCH population

- Make a **MEASURABLE** difference in 5 years

- Strengthen partnerships

- Build public health capacity/leadership
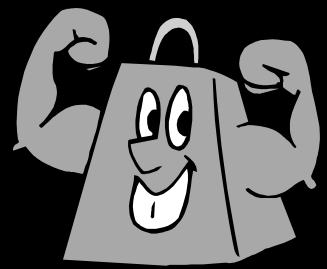
Needs Assessment Process

- **General Timeline**

Issues Identification	Jan-May 2009
Priority Setting	June 2009
Problem Analysis	Jun-Nov 2009
Strategy Design	Nov-May 2010

Needs Assessment Process

- Formation of 3 population workgroups:
    - Women & Infants
    - Children & Adolescents
    - Children with Special Health Needs

    Participation included neighbor islands staff,
    Injury Prevention Program, key stakeholders

Involving Stakeholders

Surveyed 100s of our statewide agency and community partners, service contractors, families

3 Population Workgroups

Shorten list of issues to 5 per population group

- – Based on stakeholder survey results
- – Review of Data
- – Internal capacity to sustain/staff effort

- Family Health Services selected final priorities based on scoring using set criteria

Criteria to Select Health Priorities

- **Magnitude** of the problem
- **Trend**: Is the problem getting worse/better?
- **Severity/Consequences** if not address
- **Amenable to Change** in 5 years
  - best practices, evidence based
- **Feasibility to Make Change**
  - e.g. resources, acceptability, economics, legality

Priority Issues

- Bullying
- Child Abuse & Neglect
- Child Obesity
- Prenatal Alcohol Use

- Unintended Pregnancy
- Transition Services for CSHN
- Developmental Screening

Child Safety Network

- Child Safety Network is providing Technical Assistance for the injury violence priority issues
  - Training today to improve collaboration between stakeholders
  - Build/strengthen partnerships
  - Problem mapping
  - Environmental Scans

Problem Analysis

Purpose: To understand the nature of the problem based on:

- Research (literature)

- Data

- Expert opinion (Local Experience practice)

Problem Analysis

Identify contributing factors, determinants that lead to/ or are associated with the problem

- Key behaviors
- Risk/protective factors
- Community/System issues
- Societal influences

Bullying Problem Map: Key Factors, Behavioral and Social Determinants
What Makes Them Do What They Do?

Bullying

One's need for power and (negative) dominance; finds satisfaction in causing injury and suffering to others; are often rewarded in some way for their behavior with material or psychological rewards.
Four components of bullying: duration, frequency, intensity, and power imbalance.

	BULLY	BULLIED	BYSTANDER
	A bully has needs for power and (negative) dominance; finds satisfaction in causing injury and suffering to other students; are often rewarded in some way for their behavior with material or psychological rewards.	A person is bullied when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other persons, and he or she has difficulty defending himself or herself.	The bystander is a peer, sibling or adult who doesn't ac to defuse the situation.
Policy and system contextual influences	➤ Social Norms ➤ Colonial history ➤ Technology ➤ Economy		➤ International Relations ➤ Popular, Historical, Traditional Culture ➤ Majority/minority issues ➤ Racism
Community, institutional settings, settings where there is interaction	❖ Policies and procedures ❖ Policy environment does not deter harm ❖ Institutional norms, rules, structure ❖ Unable to get help from adults in setting	❖ Lack of or no security in setting ❖ Inadequate supervision ❖ Inappropriate adult intervention ❖ Institutional prejudice ❖ Community or widespread fear	❖ Policies to include technology ❖ Safe reporting system ❖ Social norms/tolerance ❖ Culture that surrounds problem behavior ❖ Awareness of problems
Individual relationships to others	• Family attitudes that reinforce power differentials • Family history of violence • Family dysfunction • Poor adult models • Ability to control and influence peers • Activities that promote aggressive behavior as positive • Lack positive connection with neighborhood environment • Exposure to drugs, gangs, criminal activities • Parental availability and supervision • Intolerance of differences, i.e. religious practices, morals, values, beliefs • Poor social behaviors • Individual character traits, i.e. lack of empathy, lack of respect	• Physically weaker • Few friends (socially isolated) • Non-conformist • Lack social skills • Distrust of others • Unable to communicate needs • Shy, sensitive, insecure, low self-esteem, easily intimidated • Feelings of depression, anxiety, helplessness, and hopelessness • Physical disability • Non-traditional lifestyle • Non-membership in dominant group(s) • No confidence in authority figures to provide long-term solutions • Perceived threat to bully	• Social influence • Mislabeling/misperception of aggression • Diffusion of responsibility • Social norms • Fear of retaliation • Lack of empathy for the bullied • Individual versus group responsibility and values (audience inhibition) • Complicit (state of being an accomplice)

Identifying Resources

- Identify stakeholders/partners for each issue
- Determine the status of services & programs
- Identify policies, best practices
- Collect information through environmental scans

Assessment Effort is Timely

- Given the current environment of rapidly shrinking resources and increasing demand for services

- Collaboration becomes increasingly more important among services

- Current/accurate information on the status of programs/services is critical

Welcome Your Partnership

- To address the prevention of child abuse & neglect and bullying

- Together we will make a difference